



Staff Mileage Reimbursement Form

**PLEASE REMEMBER
TO SUBMIT MILEAGE
REPORTS MONTHLY**

Name: _____ Vehicle Make: _____

Signature: _____ Title: _____ Date: _____

Family/Individual Approval: _____ Arc Approval: _____

Date of Trip	From	To	Odometer Reading Beginning	Odometer Reading Ending	Name of Individual and/or Purpose of Travel	Total Miles	Total Reimbursement Amount
7/1/22	Haverhill	Lawrence	67,000	67,023	Shelly C. – Grocery Shopping	23.00	
<i>Please See Example Above</i>			<i>Take total miles and multiply by .60</i>		<i>For example, total reimbursement will be: 23x .60=\$13.80</i>		
PAGE Total Miles							
Mileage Reimbursement Rate						\$0.60	
GRAND TOTAL Mileage Reimbursement Amount							